



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Sept. 15, 2010	2010_112_9541_15Sep091215	Critical Incident L00310

**Licensee/Titulaire**  
Corporation of the County of Huron, 77722A London Road  
RR#5 Clinton ON NOM 1LO

**Long-Term Care Home/Foyer de soins de longue durée**  
Huronview HFA, Lot 50, Con. 1 Mun. of Huron East,  
RR#5 Clinton, ON NOM 1LO

**Name of Inspector**  
Carole Alexander Inspector #112

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: Director of Care, 2 Registered staff, 3 PSW staff

During the course of the inspection, the inspector: Reviewed a resident's health record including progress notes and care planning. The home's critical incident submission was reviewed.

The following Inspection Protocols were used in part or in whole during this inspection:  
Personal and Support Services Inspection Protocol.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1WN  
1VPC



**WN #1:** The Licensee has failed to comply with Ontario Regulation 79/10 s.49(2)  
Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

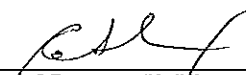
**Findings:**

Resident had evidence of a "possible" unwitnessed fall. Resident exhibited bruising and complaints of pain and weight bearing changes. Concerns by staff were reported and there was no physical assessment by Registered staff.

**Inspector ID #:** 112

**Additional Required Actions:**

**VPC** - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring resident assessments following a change of condition, to be implemented voluntarily.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p style="text-align: right;"> Sept 23, 2010</p>
<p><b>Title:</b> _____ <b>Date:</b> _____</p>	<p><b>Date of Report:</b> (if different from date(s) of inspection).</p>